

GRANT COUNTY



We're Ameritas. We're for people.™

Effective Date of Coverage/Change: ____/____/____

Employee Name (please print): _____

Social Security number: _____ Date of Birth: _____

Gender: M or F Date of Hire: _____

Occupation: _____

Home address: _____

City _____ State: ____ Zip code: _____

Reason for Change:

☐ New Employee ☐ Qualifying Event (explain) _____

Type of Change:

☐ Adding Dependent (list names here) _____

☐ Removing Dependent (list names here) _____

☐ Changing Plan Type (basic or advance) to _____, from _____

☐ Changing Coverage (employee only, etc.) to _____, from _____

☐ Cancelling Coverage (complete waiver portion of this form)

Dependents you are enrolling, or wish to continue coverage for:

Name	Relationship	Gender	Date of Birth
1. _____	_____	M or F	_____
2. _____	_____	M or F	_____
3. _____	_____	M or F	_____
4. _____	_____	M or F	_____
5. _____	_____	M or F	_____

Dental Coverage (circle one): Employee only, Employee+1, or Employee + 2 or more

Dental Plan (circle one): Low (Basic) Option or High (Advance) Option

Employee signature

Date

WAIVER:

I have been given an opportunity to apply for dental insurance offered by my employer, and have decided **not to accept** the offer at this time. I understand that if I change my mind, I can not get on the plan until the next open enrollment period.

The reason I am declining the offer is: _____

Employee signature

date

Give your completed form to your department's payroll person or the County's Personnel Department

Basic Plan Coverage includes

- Routine oral exams, cleanings and x-rays
- New fillings, replacement fillings, root canals, denture repair
- Simple extractions and other "basic" treatments

Advance Plan Coverage includes

- Basic coverage plus complex extractions, implants, onlays, crowns and dentures
- Orthodontic services for children

Coverage also includes

- Vision expense reimbursement plan
- Discount prescription drug plan through Walmart and Sam's Club
- Annual maximum reward program for those that get preventive dental care at least annually; your annual maximum limit may actually increase

2012 Cost Per Month (21.5% increase over 2011)

	<u>Basic</u>	<u>Advance</u>
Employee Only	\$ 29.80	\$ 43.36
Employee + 1	\$ 60.32	\$ 87.92
Employee + 2 or More	\$101.68	\$147.08

Grant County

Ameritas Group Dental

Ameritas is one of the leading dental insurance companies in the nation. Founded in 1887 and known as Bankers Life of Nebraska for our first 100 years, Ameritas is one of the five oldest legal reserve insurance companies.

Ameritas strives to provide the most superior customer service and dental health expertise in the industry, much like the employees of Grant County strive to provide the best service in their industry! Our consistent record of performance, integrity and service will offer you and your family the best dental/eye care plan in the marketplace today.

Your employer designed this plan especially for you with guidance from Larry Bowden and Brent Straka for Tricor Insurance. This plan will allow you to enroll in a quality dental program that will meet your needs and the needs of your family.

Plan Highlights

Freedom of Choice

You and your dependents may utilize any licensed dental provider that you choose; there are no network restrictions on this dental plan. If you do choose to see an Ameritas provider you will be covered with stronger benefits as well as less out of pocket cost to you.

Eye Care Benefits

Members can now be reimbursed for a scheduled amount of eye care materials when purchase from any licensed provider, if they see a Davis Duehr Dean provider they will receive a 15% discount.

Dental Rewards (High Plan Only)

With this plan a portion of your unused annual maximum dollars will rollover to the next year. All you need to do is see the dentist at least 1 time per plan year, and if you do not accrue more than \$750 in claims, \$250 will rollover to the next year until you have accumulated an additional \$1000 to your annual maximum, making it \$2500!



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Grant County

FUSION Highlight Sheet



Low Plan 1

FUSION: THE ULTIMATE CHOICESM offers dental and eye care benefits in one easy-to-administer plan. FUSION allows the flexibility to combine any or all of the following dental and eye care features: annual exam frequencies, deductibles, or annual maximums.

Combined Features Summary

	Dental	Eye Care	FUSION
Maximum	\$1,500	See Schedule	No more than \$1,500

Dental Summary *subject to FUSION plan design listed above*

Maximums	Dental: \$1,500/Calendar Year	Ortho: None		Dental Rewards@:	NA
				LASIK Advantage SM	None
Deductible	\$50/Calendar Year Type 2 Waived Type 1 No Family Maximum			PPO:	Passive PPO
	Type 1	Type 2	Type 3	Type 4	Ortho
Coinsurance	100%	80%	None	None	None
Allowance	90th U&C	90th U&C			
Waiting Periods	None	None			

Eye Care Summary *subject to FUSION plan design listed above*

Allowances		Frequencies Based on date of service	
Exam	Up to \$25	Exam	1 in 12 months
Lenses (per pair)		Lenses	1 in 12 months
Single	Up to \$35	Frames	1 in 24 months
Bifocal	Up to \$50		
Trifocal	Up to \$65		
Lenticular	Up to \$70		
Progressive	Up to \$70		
Contacts		Maximum	See Schedule
Elective/Medically Necessary	Up to \$65	Deductibles (Calendar Year)	\$50 Calendar Year Exam, Eye Glass Lenses or Frames*
Frames	\$30		

*Deductible applies to the first service received

Low (Basic)

Grant County FUSION Highlight Sheet



Dental Procedure Summary

Type 1	Type 2
<ul style="list-style-type: none"> Routine Exam (1 in 6 months) Bitewing X-rays (1 in 12 months) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 18 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 5 years) Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions

Current Dental Terminology © American Dental Association.

EyeMed Discounts (These discounts are not insurance.)

Exam	\$5 off routine exam	LASIK or PRK
with dilation as necessary	\$10 off contact lens exam	Average discount of 15% off retail price, or 5% off promotional price through U.S. Laser Network.
Standard Plastic Lenses		LIMITATIONS AND EXCLUSIONS
Single Vision	Member pays \$50	These discounts from providers on the EyeMed Access Network are only available to groups who have a specific schedule/defined benefit eye care plan in place.
Bifocal	Member pays \$70	The discounts may not be combined with any other discounts or promotional offers. Retail prices may vary by location.
Trifocal	Member pays \$105	Discounts are not available for the following procedures, material or services.
Frame	35% off retail price with a complete pair of glasses (Items purchased separately - 20% off retail price)	<ul style="list-style-type: none"> Orthoptic or vision training, subnormal vision aids, and any associated supplement testing. Medical and/or surgical treatment of the eye, eyes, or supporting structures. Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under the plan. Services provided as a result of any Worker's Compensation law. Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount). EyeMed's providers' professional services or disposable contact lenses. Two pairs of glasses in lieu of bifocal.
Standard Progressive Lenses	\$65 + Standard Plastic Lens cost	
Premium Progressive Lenses	20% discount	
Standard Polycarbonate	Member pays \$40	
Tint (Solid & Gradient)	Member pays \$15	
Scratch Resistant Coating	Member pays \$15	
Anti-Reflective Coating	Member pays \$45	
Ultraviolet Coating	Member pays \$15	
Other Add-Ons	20% discount	
Contact Lenses	15% off retail price (does not apply to fitting). After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com .	
Conventional		

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of Grant County. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritasgroup.com/member.

PPO Information

To find a provider, visit ameritasgroup.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose **PPO Dental Network**.

Low(Basic)

Grant County
FUSION Highlight Sheet



Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

Grant County FUSION Highlight Sheet



High Plan 1

FUSION: THE ULTIMATE CHOICESM offers dental and eye care benefits in one easy-to-administer plan. FUSION allows the flexibility to combine any or all of the following dental and eye care features: annual exam frequencies, deductibles, or annual maximums.

Combined Features Summary

	Dental	Eye Care	FUSION
Maximum	\$1,500	See Schedule	No more than \$1,500

Dental/Orthodontia Summary subject to FUSION plan design listed above

Maximums	Dental: \$1,500/Calendar Year		Ortho: \$1,250 Lifetime		Dental Rewards®:	Included
					LASIK Advantage SM	None
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 No Family Maximum				PPO:	Passive PPO
	Type 1	Type 2	Type 3	Type 4	Ortho	
Coinsurance	100%	80%	50%	None	Child only 50%	
Allowance	90th U&C	90th U&C	90th U&C		U&C	
Waiting Periods	None	None	None		None	

Eye Care Summary subject to FUSION plan design listed above

Allowances		Frequencies Based on date of service	
Exam	Up to \$25	Exam	1 in 12 months
Lenses (per pair)		Lenses	1 in 12 months
Single	Up to \$35	Frames	1 in 24 months
Bifocal	Up to \$50		
Trifocal	Up to \$65		
Lenticular	Up to \$70		
Progressive	Up to \$70		
Contacts		Maximum	See Schedule
Elective/Medically Necessary	Up to \$65	Deductibles (Calendar Year)	\$50 Calendar Year Exam, Eye Glass Lenses or Frames*
Frames	\$30		

*Deductible applies to the first service received

High (Advance)

Grant County FUSION Highlight Sheet



Dental Procedure Summary

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (1 in 6 months) Biteewing X-rays (1 in 12 months) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 18 and under (1 per benefit period) Sealants (age 15 and under) Space Maintainers 	<ul style="list-style-type: none"> Full Mouth/Panoramic X-rays (1 in 5 years) Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years) Complex Extractions Anesthesia

Current Dental Terminology © American Dental Association.

EyeMed Discounts (These discounts are not insurance.)

Exam with dilation as necessary	\$5 off routine exam	LASIK or PRK
Standard Plastic Lenses	\$10 off contact lens exam	Average discount of 15% off retail price, or 5% off promotional price through U.S. Laser Network.
Single Vision	Member pays \$50	LIMITATIONS AND EXCLUSIONS
Bifocal	Member pays \$70	These discounts from providers on the EyeMed Access Network are only available to groups who have a specific schedule/defined benefit eye care plan in place.
Trifocal	Member pays \$105	The discounts may not be combined with any other discounts or promotional offers. Retail prices may vary by location.
Frame	35% off retail price with a complete pair of glasses (Items purchased separately - 20% off retail price)	Discounts are not available for the following procedures, material or services.
Standard Progressive Lenses	\$65 + Standard Plastic Lens cost	<ul style="list-style-type: none"> Orthoptic or vision training, subnormal vision aids, and any associated supplement testing.
Premium Progressive Lenses	20% discount	<ul style="list-style-type: none"> Medical and/or surgical treatment of the eye, eyes, or supporting structures.
Standard Polycarbonate	Member pays \$40	<ul style="list-style-type: none"> Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under the plan.
Tint (Solid & Gradient)	Member pays \$15	<ul style="list-style-type: none"> Services provided as a result of any Worker's Compensation law.
Scratch Resistant Coating	Member pays \$15	<ul style="list-style-type: none"> Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
Anti-Reflective Coating	Member pays \$45	<ul style="list-style-type: none"> EyeMed's providers' professional services or disposable contact lenses.
Ultraviolet Coating	Member pays \$15	<ul style="list-style-type: none"> Two pairs of glasses in lieu of bifocal.
Other Add-Ons	20% discount	
Contact Lenses	15% off retail price (does not apply to fitting).	
Conventional	After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com .	

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High (Advance)

Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental PPO network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$750	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a PPO provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

PPO Information

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While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

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Frequently Asked Dental Questions

Will Ameritas pay for treatment for a missing tooth?

Ameritas will pay for treatment for a missing tooth that was lost or extracted twelve months or less prior to the plan effective date. If a tooth has been missing for more than twelve months, there will be no coverage for a bridge or other treatment.

Will repair for an existing crown or denture be covered?

Ameritas will pay for repair of existing crowns and dentures.

If I have children that are away at college, may I have additional ID cards for them?

Initially, you will be sent two ID cards. If you need additional cards, contact the customer service number on your ID card and request additional cards.

If I do not enroll for the dental insurance at this time, will I be allowed to enroll at a later date?

If you choose to waive coverage at this time, you may enroll at the next open enrollment period.

Will I have to pay my dentist at the time of service?

Almost all dentists have the capability to submit claims electronically to Ameritas. Your dentist will usually contact Ameritas to obtain plan design information and you might be asked to pay your portion of the bill at the time of service, but not always—it depends on your dentist's billing procedures.

At what age should I add my dependent children?

Ameritas suggests that you add your dependent children before they reach two years of age.



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Ameritas eye care insurance coverage

You pay the bill, get a receipt, complete a claim form that is gotten from the Ameritas website, and **then submit the form and receipt to Ameritas for reimbursement**. You can access the claim form at the following website by doing the following steps:

www.ameritasgroup.com

- 1) Under "FORMS" click on "claims"
- 2) Then click on "Ameritas Eye Care Claim Form"
- 3) Print the form

You can go to any provider, but if you go to an EyeMed provider, you will receive a discount. The EyeMed provider should have the Ameritas discount number, but if they don't, it is 9232372. You can access the EyeMed provider list at the following website by doing the following steps:

www.ameritasgroup.com

- 1) Under "FIND A PROVIDER", click on "eye care"
- 2) Then click on "Vision perfect or FUSION"
- 3) Then click on "Vision Perfect or FUSION with EyeMed Network Discount Directory"
- 4) You will then be asked to read a security word on the screen and type it in, then click submit
- 5) Select the "Access" network
- 6) Type in your zip code
- 7) Click the "search" button

Employees can register at www.ameritasgroup.com as Plan Members for access to the online certificate.

For answers to claim questions, call 1-800-487-5553, Monday through Thursday from 7:00 a.m. to 12:00 a.m. and Friday from 7:00 a.m. to 6:30 p.m. (CST).

prescription savings

extra value As an Ameritas ID cardholder, you and your covered dependents (even your pets) can **save on prescription medications through any Walmart or Sam's Club pharmacy nationwide.** This prescription discount is offered at no additional cost, and it is not insurance.

Even if you already have health insurance pharmacy benefits, you are welcome to check out this Rx discount — Walmart and Sam's Club pharmacies will see which saves you more, and give you the better deal. For more information about this prescription discount, **call WMS at 800.972.0943 and listen for the prescription cardholder option. Visit Walmart.com, select Pharmacy and choose Clinics at Walmart to find a pharmacy near you.** Start saving today!

ID card To receive the **Walmart Rx discount**, present your **original Ameritas ID card.** If you are unable to locate your original dental, eye care or hearing care ID card with the Ameritas logo, or you did not receive an ID card with the Ameritas logo, visit us at ameritasgroup.com and sign into (or create) a secure member account. Once signed in, you can print an online-only Rx discount savings ID card.

Please note: This online-only Rx discount savings ID card will work *only* at Walmart's pharmacies and does *not* replace your original Ameritas ID card. (No Internet? Check with your benefits administrator, or call Ameritas at 800.487.5553 and request that ID cards be mailed.)

secure account In addition to the Rx discount savings ID card, our online secure member site allows you to **access important plan information for yourself and your covered dependents.** View your benefit summary, certificate of coverage, pending/paid claims and more. You also can reduce paper and view your Explanation of Benefit statements online instead of receiving a printed copy by mail — just sign into your secure member account and select **Go Paperless.** If you've already done this, we applaud you! **We believe doing business online is not only fast, it's better for the environment. Join us today!**



Walmart
Save money. Live better.



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